

The following "level-2" questions aim at training the facts of male genital medicine, and in problem solving of common clinical conditions, pass MSc exam and to fix the essential knowledge about Andrology, sexology and transmitted diseases in their future career.

ANDROLOGY

MCQ (only one answer is correct)

201) Which of the following is the feature of the Y chromosome?

- a. Acrocentric
- b. Telocentric
- c. Metacentric
- d. Submetacentric

(A)

202) AZF genes responsible for spermatogenesis are present on:

- a. Short arm of the Y chromosome
- b. Long arm of the Y chromosome
- c. X-chromosome
- d. All autosomes
- e. Non of the above

(B)

203) Translocation of SRY gene from the Y-chromosome to an autosome or X-chromosome during spermatogenesis lead to:

- a. SCO syndrome
- b. Tubular hyalinization
- c. Reifenstein syndrome
- d. Transsexualism
- e. Sex reversal syndrome

(C)

204) Genetic conditions associated post-testicular infertility include the following except:

- a. Cystic fibrosis
- b. Congenital absence of vas deferens
- c. Adult polycystic kidney disease
- d. Young's syndrome
- e. Noonan's syndrome

(E)

205) Genetic conditions associated pre-testicular infertility include the following except:

- a. Kallman's syndrome
- b. Prader-Willi syndrome
- c. Bardet-Biedl syndrome
- d. Myotonic dystrophy
- e. Cerebellar ataxia

(D)

206) Sex reversal syndrome may present by the following except:

- a. Failed puberty
- b. Small firm testes or cryptorchidism
- c. Bilateral gynecomastia
- d. Primary infertility, azoospermia with low serum testosterone FSH, LH levels
- e. Hypospadias

(D)

207) Noonan's syndrome is clinically characterized by the following except:

- a. Undescended testes
- b. Gynecomastia
- c. Diabetes mellitus
- d. Skeletal and cardiovascular anomalies
- e. Mental retardation

(C)

208) Klinefelter patients may have any of the following karyotypes except:

- a. 47XXY
- b. 48XXXY
- (D) c. 49XXXXY
- ~~d. 46XO/46XY~~
- e. 46XY/47XXY

209) Klinefelter patients is commonly due to:

- ~~a. Meiotic non-disjunction during oogenesis~~
- b. Translocations between X and Y chromosomes
- (A) c. Inversions of the X chromosome
- d. (a & b)
- e. (a, b & c)

210) Classic KF patients present by the following except:

- a. Small firm testes
- b. Gynecomastia
- (C) ~~c. Hypospadias~~
- d. Azoospermia
- e. Eunuchoidal skeleton

211) Males with pituitary cause for "failed puberty" exhibit the following features except:

- a. The span is greater than the height by 2 inches or more
- b. "Sole-to-symphysis" is longer than "symphysis-to-crown"
- (D) ~~c. Lack of beard and mustache~~
- ~~d. Lack of pubic and axillary hair~~
- e. Small infantile sized genitals

212) Sex reversal syndrome males phenotypically resemble:

- a. Reifenstein syndrome
- (B) ~~b. Klinefelter syndrome~~
- c. Kallmann syndrome
- d. Testicular feminization syndrome
- e. Pure gonadal dysgenesis

213) "Complete" testicular feminization syndrome (TFM) patients are:

- a. Phenotypic males who develop feminization at puberty
- (C) ~~b. Phenotypic males who develop virilization at puberty~~
- ~~c. Phenotypic females who develop feminization at puberty~~
- d. Phenotypic females who develop virilization at puberty
- e. Non of the above

214) Predisposing factors to testis torsion include the following developmental abnormalities except:

- ~~a. Small testis~~
- b. Imperfectly descended testes
- (A) ~~c. Transversely lying testes with the cord attached to its upper border~~
- d. Capacious tunica vaginalis
- e. Spirally attached cremaster

215) Histopathological changes in the undescended testis start:

- a. At birth
- (B) ~~b. By the 3rd years of life~~
- c. By the 6th years of life
- d. By the 9th years of life
- e. At puberty

216) The most common presentation of hyperprolactinemia is:

- ~~a. Galactorrhea~~
- ~~b. Gynecomastia~~
- (D) c. Erectile dysfunction
- ~~d. Inhibited sexual desire~~
- e. Failed puberty

217) The following are causes of hyperprolactinemia except:

- a. Myxedema
- b. Thyrotoxicosis
- c. Chronic renal failure
- d. Liver cell failure
- e. Bronchogenic carcinoma

218) The following drugs may cause of hyperprolactinemia except:

- a. Corticosteroids
- b. Estrogen
- c. Chlorpromazine
- d. Reserpine
- e. Cimitidine

219) In myxedema, infertility and erectile dysfunction may be due to the following except:

- a. Disturbed testosterone metabolism
- b. Changes in free/total androgen ratio
- c. Hyperprolactinemia
- d. Myxedematous changes in the pituitary
- e. Thyroxin treatment

220) The following is true as regards adrenogenital syndrome except:

- a. It is autosomal recessive deficiency of one of the enzymes for cortisol synthesis
- b. Deficiency of 11 hydroxylase is more common than 21 hydroxylase deficiency
- c. High ACTH stimulates adrenal cortex to produce excess adrenal steroids
- d. It may lead to female pseudohermaphroditism
- e. Plasma 17- α hydroxyprogesterone and urinary 17-ketosteroids are high

221) The following can be clinical manifestations of adrenogenital syndrome except:

- a. Addison disease
- b. Female pseudohermaphroditism
- c. Male precocious puberty
- d. Male infertility
- e. Erectile dysfunction

222) In varicocele, regurgitation of the following metabolites produces adverse effects on the testis except:

- a. Catecholamines
- b. Corticosteroids
- c. Prostaglandins
- d. Renin
- e. Serotonin

223) The theories explaining infertility in varicocele patients include the following except:

- a. Disturbed testicular thermoregulation
- b. Regurgitation of renal and adrenal metabolites
- c. Epididymal dysfunction
- d. Prostatic dysfunction
- e. Leydig cell dysfunction

224) The following are theories for the mechanism of varicocele-infertility except:

- a. Epididymal dysfunction
- b. Hormonal disorder
- c. Congenital defect
- d. Partial obstruction
- e. Immunological mechanism

225) The gold standard for diagnosis of varicocele is:

- a. Clinical examination
- b. Thermography
- c. Duplex ultrasonography
- d. Selective internal spermatic venography
- e. Scrotal scintigraphy

- 226) The modified Palomo approach varicocelelectomy has the following advantages except:
- a. It is a safe and easy procedure
 - b. Less number of veins to be ligated
 - c. Better chance for artery preservation
 - d. Lower incidence of postoperative complications
 - e. Recurrence rate is low
- 227) "Marmar's approach" varicocelelectomy has the following advantages except:
- a. Low incidence of postoperative hydrocele and testicular atrophy
 - b. Abdominal muscles and the inguinal canal are not violated
 - c. Short postoperative recumbence
 - d. Can be done under local anesthesia
 - e. Non of the above
- 228) Immotile cilia syndrome may manifest clinically with the following except:
- a. Absolute asthenozoospermia
 - b. Chronic sino-pulmonary infection
 - c. Pancreatic dysfunction
 - d. Retinitis pigmentosa
 - e. Deafness
- 229) Young syndrome presents with the following except:
- a. Failed puberty
 - b. Obstructive azoospermia
 - c. Chronic sinusitis
 - d. Bronchiectasis
- 230) Cystic fibrosis presents with the following except:
- a. Pancreatic insufficiency
 - b. Bilateral congenital absence of the vas
 - c. Chronic pulmonary infections
 - d. Delayed puberty
 - e. Erectile dysfunction
- 231) In chronic renal failure, erectile and fertility disorders are due to the following changes except:
- a. Defective pulsatile LH secretion
 - b. Hypotestosteronemia
 - c. Hyperprolactinemia
 - d. High serum inhibin level
 - e. Low serum zinc level
- 232) Sperm antibody production may be due to any of the following except:
- a. Cryptorchidism
 - b. Klinefelter syndrome
 - c. Anal intercourse
 - d. Post inflammatory epididymal obstruction
 - e. Vasectomy
- 233) Sperm antibodies may be the cause of:
- a. Oligozoospermia
 - b. Asthenozoospermia
 - c. Teratozoospermia
 - d. Azoospermia
 - e. Aspermia
- 234) The following are sperm antigens that can induce antisperm antibodies except:
- a. Protamine
 - b. Hyaluronidase
 - c. Acrosin
 - d. Lactoferrin
 - e. CH-X
- Handwritten notes:*
- "Pigmentation" near question 228
- "Posterior prob" near question 229
- "Ab - motility" near question 233

The following seminal plasma antigens can induce antisperm antibodies except:

- 235)
 a. Lactoferrin
 b. Transferrin
 c. Lipoglycoproteins
 d. Immunoglobulins
 e. HLA and ABO group antigens

In immune infertility, the immunoglobulin class that has the highest concentration in semen is:

- 236)
 a. IgA
 b. IgG
 c. IgM
 d. IgE
 e. IgD

In immune infertility, the immunoglobulin class that may be present in serum but never in semen is:

- 237)
 a. IgA
 b. IgG
 c. IgM
 d. IgE
 e. IgD

In immune infertility, the sperm "tail to tail" agglutination correlates more to:

- 238)
 a. IgA
 b. IgG
 c. IgM
 d. IgE
 e. IgD

In Andrology, the following clinical presentations might be drug-induced except:

- 239)
 a. Childlessness
 b. Erectile dysfunction
 c. Hypoactive sexual desire disorder
 d. Genital ulcer
 e. Urethral discharge

Toxic exposure to ionizing radiation will cause:

- 240)
 a. Degeneration of Leydig cells only
 b. Degeneration of Leydig cells and spermatogenic cells
 c. Degeneration of spermatogenic cells only
 d. Proliferation of Leydig cells and spermatogenic cells
 e. Degeneration of Leydig cells and proliferation of spermatogenic cells

The following can cause obstructive azoospermia except:

- 241)
 a. Epididymitis
 b. Perineal hypospadias
 c. Mullerian duct cyst
 d. Vasectomy
 e. Bilateral congenital absent vas deferens

Bilateral congenital absence of the vas is associated with the following except:

- 242)
 a. Low semen volume
 b. Acidic semen
 c. Delayed liquefaction
 d. Azoospermia
 e. Absence of fructose in semen

The following are possible causes of aspermia except:

- 243)
 a. Antihypertensive drugs
 b. Prostatectomy
 c. Post inflammatory fibrosis of the prostate and seminal vesicles
 d. Bilateral postpubertal mumps orchitis
 e. Diabetes mellitus

244) The mechanism of testicular damage in paraplegics may be any of the following except:

- a. Altered blood flow
- b. Associated hydrocele
- c. Altered thermoregulation
- d. Reduction in serum LH, FSH and testosterone
- e. Infective process

245) Mechanisms of infertility in accessory genital infection include the following except:

- a. Obstruction of epididymis, vas or ejaculatory ducts
- b. Secretory dysfunction of the prostate, seminal vesicle or epididymis
- c. Initiation of antisperm antibody production
- d. Some organisms have direct effects on the sperm itself eg, T. pallidum and HPV
- e. Excess production of superoxide anion by inflammatory cells

246) The organism that possess the least documented direct affect on the sperm is:

- a. E. coli
- b. Chlamydia
- c. Mycoplasma
- d. Streptococci
- e. Trichomonas vaginalis

247) If leukocytes are more in the first portion of split ejaculate than the second portion, the most probable site of infection is:

- a. Epididymis
- b. Vas deferens
- c. Ampulla of the vas
- d. Seminal vesicle
- e. Prostate

248) In National Institutes of Health classification of prostatitis, "category II" stands for:

- a. Asymptomatic inflammatory prostatitis (AIP)
- b. Acute bacterial prostatitis
- c. Chronic bacterial prostatitis II
- d. Non-inflammatory chronic abacterial prostatitis / chronic pelvic pain syndrome
- e. Inflammatory chronic abacterial prostatitis / chronic pelvic pain syndrome

249) The most common causative organism of acute bacterial prostatitis is:

- a. Pseudomonas
- b. E. coli
- c. Staph aureus
- d. Anaerobic bacteria
- e. Gonococci

250) Symptoms of acute bacterial prostatitis include the following except:

- a. Low back and perineal pain
- b. Constipation and painful defecation
- c. Dysuria, frequency, urgency, nocturia and haematuria
- d. Urinary retention
- e. Priapism

251) Complications of acute bacterial prostatitis include the following except:

- a. Prostatic abscess
- b. Chronic prostatitis
- c. Epididymitis
- d. Pelvic inflammatory disease
- e. Bacteremia

252) Chronic prostatitis may be a direct cause for the following sexual disorders:

- a. Erectile dysfunction
- b. Premature ejaculation
- c. Dysejaculation
- d. b and c
- e. a, b and c

The theories explaining the cause prostatodynia include the following except:

- 253) ☒ a. Intraprostatic urinary reflux
☒ b. Sexual overactivity
☐ c. Autoimmune response to prostatic proteins
☐ d. Psychological stress
☐ e. Reflex sympathetic dystrophy

254) Non-specific granulomatous prostatitis is classified into:

- ☐ a. Lymphocytic and non-lymphocytic varieties
☐ b. Basophilic and non-basophilic varieties
☐ c. Neutrophilic and non-neutrophilic varieties
☒ d. Eosinophilic and non-eosinophilic varieties
☐ e. Adenomatous and non-adenomatous varieties

255) The following viral infections might rarely cause infertility except:

- ☐ a. AIDS
☐ b. Coxsackie-B virus infection
☐ c. Smallpox
☐ d. Chickenpox
☒ e. HPV infection

256) The most common symptom related to genital bilharziasis is:

- ☐ a. Perineal pain referred to the lower back
☐ b. Scrotal swelling
☐ c. Hemospermia
☐ d. Hemorrhagic prostaticorrhoea
☒ e. Sexual "erehism"

257) Following history and exam, the next step in evaluation of male fertility potential is:

- ☒ a. Chromosomal study
☐ b. Hormonal assay
☒ c. Semen analysis
☐ d. Testicular biopsy
☐ e. Radiological studies for the presence of varicocele

258) In semen analysis, the term "stress pattern" means:

- ☐ a. Oligozoospermia
☐ b. Asthenozoospermia
☒ c. Teratozoospermia
☐ d. All the above
☐ e. Non of the above

259) The differentiation of aspermia from azoospermia relies upon:

- ☒ a. Proper history taking
☐ b. Proper scrotal examination
☒ c. Diagnostic testicular biopsy
☐ d. Hormonal assay
☐ e. Postcoital urine examination

260) Low semen volume may be caused by the following except:

- ☐ a. Bilateral and unilateral congenital absence of the vas
☐ b. Partial or complete obstruction of ejaculatory ducts
☒ c. Bilateral complete epididymal obstruction
☐ d. Partial retrograde ejaculation
☐ e. Hypogonadism

261) The following investigations may have value in diagnosing hypospermia except:

- ☐ a. TRUS
☒ b. Estimation of serum FSH
☐ c. Estimation of fructose in semen
☐ d. Urine examination after masturbation
☐ e. Vasography

262) Non-Liquefaction or persistent coagulation of semen results from:

- a. Testicular dysfunction
- b. Epididymal dysfunction
- c. Seminal vesicle dysfunction
- d. Prostatic dysfunction
- e. Cowper's gland dysfunction

263) Abnormally viscous semen is indirectly related to infertility via:

- a. Reduced grade of sperm motility
- b. Uneven distribution of spermatozoa
- c. Sperm failure to catch the cervical mucous
- d. Non of the above
- e. All the above

264) In management of polyzoospermia with poor motility the following may help except:

- a. Increase ejaculatory frequency
- b. Artificial insemination
- c. Sperm motility stimulants
- d. Androgen suppressive therapy
- e. ICSI

265) The following are causes of isolated asthenozoospermia with normal count except:

- a. Artifacts during collection
- b. Young syndrome
- c. Kartagener syndrome
- d. Infection eg. prostatitis-vesiculitis
- e. Immunological infertility

Young syndrome

266) Which of the following stains is used to differentiate non-motile from dead sperms:

- a. Eosin-Negrosin stain
- b. Hematoxylin and eosin stain
- c. Giemsa stain
- d. Peroxidase stain
- e. Immunofluorescent stain

267) The following are causes of sperm agglutination except:

- a. Immunological
- b. Infection
- c. Polyzoospermia
- d. Hemospermia
- e. Idiopathic

268) The following lines of treatment may help cases with sperm agglutination except:

- a. Antibiotic therapy
- b. Corticosteroid therapy
- c. Gonadotropin therapy
- d. Vitamin C therapy
- e. Semen processing and IUI

269) The following are "testicular markers" in semen except:

- a. LDH-X
- b. Glycerol phosphoryl choline
- c. Transferrin
- d. Inhibin-B
- e. Insulin growth factor-1 (IGF1)

270) The second portion of split ejaculate has the following characters except:

- a. Fructose content is higher than the first portion
- b. Lactoferrin and prostaglandins are higher than the first portion
- c. Slow coagulation and rapid liquefaction than the first portion
- d. Higher viscosity than the first portion
- e. Motility and viability are lower than the first portion

In testis biopsy, the most abundant spermatocytes in seminiferous tubules are:

- 271) In testis biopsy, the most abundant spermatocytes
- Preleptotene spermatocytes
 - Leptotene spermatocytes
 - Zygotene spermatocytes
 - Pachytene spermatocytes
 - Secondary spermatocytes

272) The complications of testis biopsy include the following except:

- Orchalgia
- Hydrocele
- Hematoma
- Secondary infection
- Temporary suppression of spermatogenesis

273) The postcoital test is indicated in the following situations except:

- Borderline sperm concentration and motility parameters
- Unexplained infertility
- Semen hyperviscosity and delayed liquefaction
- Semen volume disorders with normal sperm count
- Leukocytospermia and hemospermia

274) In hypo-osmolar swelling test, the percentage of swollen sperm tail correlates to following except:

- Sperm capacity to undergo capacitation
- Sperm capacity to penetrate the oocytes
- Sperm concentration
- Pattern of sperm motility
- Sperm viability

275) The "Mixed Gamete Assay" is done by incubating human sperms with:

- Zona-free hamster ova and hamster zona pellucida
- Zona-free hamster ova and human zona pellucida
- Human ova and human zona pellucida
- human ova and hamster zona pellucida

276) The test considered as the best single predictor of IVF success is:

- Zona-free hamster oocyte test
- Mixed gamete assay
- Hemizone test
- Capacitation assay
- Studying sperm acrosome integrity

277) The classic Klinefelter-like picture in testis biopsy include the following except:

- Seminiferous tubules are small and show complete hyalinization
- Tubular walls are thick
- Absence of elastic fibres in the tunica propria
- Sertoli cells are increased in number
- Hyperplasia of Leydig cells up to pseudoadenomatous formation

278) Peritubular fibrosis and tubular hyalinization seen in some testis biopsy sections may be related to the following except:

- Post-mumps orchitis
- Irradiation
- Estrogen therapy
- Klinefelter syndrome
- Bilateral varicocele

279) A strong positive correlation exists between total serum testosterone level and:

- Serum free testosterone level
- Serum dihydrotestosterone (DHT) level
- Urinary testosterone level
- Urinary androstenediol level
- Salivary testosterone values

280) FSH level correlates with:

- a. Testis size
- b. Serum testosterone level
- (c) c. The number of spermatogonia
- d. The number of spermatocytes
- e. The number of mature spermatozoa

281) Serum LH level may be elevated in the following conditions except:

- a. Gonadotropin therapy
- b. Androgen insensitivity syndrome
- c. Leydig cell dysfunction
- (d) d. Pituitary prolactinoma عجز ما بعد
- e. Severe germ cell damage

282) The hormone that might be physiologically elevated during stress, exercise and venepuncture is:

- a. Testosterone
- b. Dihydrotestosterone
- (e) c. LH
- d. FSH
- e. PRL

283) GnRH stimulation test has a clinical value in males:

- a. Differentiating normal from hypogonadal men
- (c) b. Differentiating hypergonadotropic from hypogonadotropic hypogonadism
- c. Differentiating hypothalamic from pituitary causes of hypogonadism
- d. Differentiating between anorchia from undescended testis
- e. Differentiating true from false precocious puberty

284) The test that best assesses the pituitary capacity to secrete FSH and LH is:

- a. GnRH stimulation test
- (b) b. Clomiphene stimulation test best
- c. Anastrozole test
- d. Antiandrogen tests
- e. HCG stimulation test

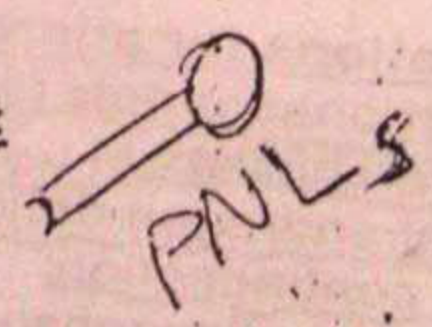
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285) Indications for genetic evaluation of infertile men include the following except:

- a. Cases who fail to respond to hormonal therapy for 1 year or more
- b. Hypogonadal patients presenting with infertility and somatic abnormalities
- c. Normally virilized infertile males with azoospermia or severe oligozoospermia
- (a) d. Cases with congenital bilateral absent vas
- e. Couples with unexplained infertility

286) The "Barr body" appears like a "drum-stick" in:

- a. Blood lymphocytes
- (B) b. Blood PNLs
- c. Buccal smear
- d. Vaginal smear
- e. All the above



287) Men with Y chromosome microdeletions have:

- a. Normal phenotype and normal spermatogenesis
- (B) b. Normal phenotype but abnormal spermatogenesis
- c. Abnormal phenotype but normal spermatogenesis
- d. Abnormal phenotype and abnormal spermatogenesis

288) The basis of preimplantation genetic diagnosis (PGD) procedure entails:

- a. Ova aspirated from the ovaries are analyzed by PCR to detect gene mutations
- b. Sperms extracted from the testis are analyzed by PCR to detect gene mutations
- (c) c. Cells biopsied from the 8-cell embryo are analyzed by PCR to detect gene mutations
- d. Cells biopsied from the amniotic fluid are analyzed by PCR to detect gene mutations
- e. Cells biopsied from the new born are analyzed by PCR to detect gene mutations

289) PGD has the following indications except:

- a. Suspected genetic diseases
- b. Repeated ART failures
- c. Women with repeated miscarriages
- d. Women with polycystic ovaries
- e. Gender selection

290) PGD risks include the following except:

- a. Risk of accidental damage to the embryo during biopsy
- b. Removal of cells from the embryo delays cell division for a few hours
- c. False negative and positive rates of 10%
- d. Reduced number of normal embryos for transfer
- e. Part of the future foetus may lacking as cells are removed from the embryo

291) Scrotal ultrasound has the following diagnostic indications except:

- a. Routine screening of infertile males
- b. Diagnosis of scrotal masses
- c. Diagnosis of varicocele
- d. Diagnosis of genital duct obstruction
- e. Diagnosis of testicular dysgenesis

292) Diagnostic indications of TRUS in male infertility include the following except:

- a. Low volume azoospermia
- b. Low-volume oligozoospermia
- c. low-volume normozoospermia
- d. Normal semen volume associated with hemospermia
- e. Retarded ejaculation

293) The intramuscular testosterone ester that has the longest therapeutic blood level is:

- a. Testosterone propionate
- b. Testosterone enanthate
- c. Testosterone cypionate
- d. Testosterone undecanoate
- e. Testosterone buciclate

294) The intramuscular testosterone ester that exerts the shortest therapeutic blood level is:

- a. Testosterone propionate
- b. Testosterone enanthate
- c. Testosterone cypionate
- d. Testosterone undecanoate
- e. Testosterone buciclate

295) Parental long acting testosterone replacement may cause supraphysiological levels serum testosterone with the following drawbacks except:

- a. Lack of normal circadian pattern of serum testosterone
- b. Breast tenderness or gynecomastia
- c. Mood swings
- d. Premature ejaculation
- e. "Ups and downs" in libido and sexual function

296) Indications for androgen therapy include the following except:

- a. Hypogonadotropic hypogonadism.
- b. Cryptorchidism
- c. Partial androgen deficiency of aging males "PADAM"
- d. Male contraception
- e. Idiopathic oligozoospermia

297) The following may complicate androgen therapy except:

- a. Hepatotoxic effect and gynecomastia
- b. Salt and water retention and weight gain
- c. Acne medicamentosa
- d. Anemia
- e. Sleep apnoea

298) The following are indication of gonadotropin therapy except:

- a. Retarded ejaculation
- b. Hypogonadotropic hypogonadism
- c. Idiopathic oligozoospermia
- d. Undescended testis
- e. Azoospermia before testicular sperm extraction

299) The mechanism of action of clomiphene citrate in the treatment of male infertility is:

- a. Anti-androgenic effect (block negative feedback of testosterone on hypothalamus)
- b. Anti-estrogenic effect (block negative feedback of testosterone on hypothalamus)
- c. Anti-androgenic effect (block negative feedback of testosterone on pituitary)
- d. Anti-estrogenic effect (block negative feedback of testosterone on pituitary)
- e. Direct stimulatory effect at the testicular level

300) Clomiphene citrate therapy is most beneficial in patients with:

- a. Azoospermic patients particularly those with high FSH
- b. Azoospermic patients particularly those with normal FSH
- c. Idiopathic asthenozoospermia
- d. Oligozoospermia in whom gonadotropin level is low
- e. Oligozoospermia in whom gonadotropin level is normal

301) Side effects of clomiphene citrate may include the following except:

- a. Aggressive behavior or mild depression
- b. Nausea, dizziness, vertigo and visual disturbances
- c. Allergic dermatitis and alopecia
- d. Priapism
- e. Testicular neoplasm

302) The aromatase inhibitor "Testolactone" acts by:

- a. Elevation of T/E₂ ratio with elevation of FSH and LH levels
- b. Elevation of T/E₂ ratio without changing FSH and LH levels
- c. Decreasing T/E₂ ratio with elevation of FSH and LH levels
- d. Decreasing T/E₂ ratio without changing FSH and LH levels
- e. Non of the above

303) The diagnostic and therapeutic value of LHRH analogues include the following clinical conditions except:

- a. Erectile dysfunction
- b. Differentiate pituitary from hypothalamic hypogonadotropic hypogonadism
- c. Cryptorchidism
- d. Male contraception
- e. Prostatic carcinoma

304) Reproductive Indications of Kallikrein therapy include the following except:

- a. Idiopathic asthenozoospermia
- b. Idiopathic oligozoospermia
- c. Polyzoospermia with poor motility
- d. Semen processing in asthenozoospermia
- e. Semen processing in oligozoospermia

305) Indications of artificial Insemination husband include the following except:

- a. Retrograde ejaculation
- b. Delayed semen liquefaction
- c. Hypospermia
- d. Severe oligozoospermia, asthenozoospermia and teratozoospermia
- e. Mechanical infertility

306) Contraindications of artificial Insemination husband include the following except:

- a. Acute genital infection
- b. Tubal obstruction
- c. Recent X-ray or immunosuppressive therapy
- d. Hostile cervical mucous
- e. Severe oligoasthenoteratozoospermia

Complications of artificial insemination husband include the following except:

- 307) Complications of artificial insemination husband include the following except:
- a. Uterine cramps
 - b. Infection of upper genital tract
 - c. Ovarian hyperstimulation syndrome
 - d. Multiple pregnancies
 - e. High incidence of congenital foetal anomalies

The conventional IVF procedure has the following male infertility indications except:

- 308) The conventional IVF procedure has the following male infertility indications except:
- a. Oligo, astheno and/or teratozoospermia
 - b. Non obstructive azoospermia
 - c. Bilateral congenital absence of the vas
 - d. Immune infertility
 - e. Retrograde ejaculation

During ART, the following may indicate that ova became mature and ready for ovulation pick-up except:

- 309) During ART, the following may indicate that ova became mature and ready for ovulation pick-up except:
- a. Cervical mucous score reaches 5
 - b. Ultrasonography shows that an ovum size of 18-22 mm
 - c. Estradiol: 400-500 pg/ml for each follicle having a sonar size of 15 mm
 - d. 36-38 hours after HCG injection
 - e. 26-28 hours after spontaneous LH surge

The IVF risks include the following except:

- 310) The IVF risks include the following except:
- a. Hyperstimulation syndrome
 - b. Multiple pregnancies
 - c. Early menopause
 - d. High incidence of abortion
 - e. Risks of congenital malformations

The overall success rate of conventional IVF in management of infertility is about:

- 311) The overall success rate of conventional IVF in management of infertility is about:
- a. 11-14%
 - b. 21-24%
 - c. 31-34%
 - d. 41-44%
 - e. 51-54%

The following facts about GIFT are true except:

- 312) The following facts about GIFT are true except:
- a. It has the same indications like IVF
 - b. Eggs and sperms are placed directly in the ampulla of Fallopian tube
 - c. It is superior to IVF in being more physiologic and cheaper
 - d. It is more acceptable than IVF to some religious and cultural groups
 - e. It needs no anesthesia and no laparoscope

Gamete micromanipulation techniques include the following except:

- 313) Gamete micromanipulation techniques include the following except:
- a. Zona cracking
 - b. Zona binding
 - c. Zona drilling
 - d. Subzonal insemination
 - e. Intracytoplasmic sperm injection

In the majority of ART centers the primary treatment for male infertility is by:

- 314) In the majority of ART centers the primary treatment for male infertility is by:
- a. IVF
 - b. SUZI
 - c. ICSI
 - d. GIFT
 - e. ZIFT

In male infertility, ICSI can be done by ejaculated sperms in cases with:

- 315) In male infertility, ICSI can be done by ejaculated sperms in cases with:
- a. Severe oligo-astheno-teratozoospermia
 - b. Necrozoospermia
 - c. Sperm antisperm antibodies in high concentration
 - d. Anejaculation after obtaining sperm by electro-ejaculation
 - e. Failed AIH (3 trials)

316) Reported ICSI-associated risks include the following except:

- a. High cost and ethical issues related to the procedure
- b. Chromosomal anomalies in the offspring
- c. Higher incidence of female offspring
- d. Increased risk of congenital malformations in children born by ICSI
- e. Lower average mental developmental index in children conceived by ICSI

317) Semen processing for asthenozoospermia include the following except:

- a. Centrifugation
- b. Glass wool technique
- c. Sperm isolation by bovine serum albumin
- d. Sperm isolation by human serum albumin
- e. In-vitro addition of motility stimulants

318) Male contraception using condoms has the following advantages except:

- a. Simple to use and requires no preparations
- b. Effective contraceptive if not broken
- c. Effective protection against gonorrhea if not broken
- d. Effective protection against syphilis if not broken
- e. Helps to delay in cases of premature ejaculation

319) Male contraception using condoms has the following disadvantages except:

- a. Failure rate is about 4%
- b. Less pleasure for both partners
- c. Contact dermatitis of the penis
- d. Vaginal irritation
- e. Chemical urethritis

320) Male contraception by coitus interruptus has the following disadvantages except:

- a. Requires good deal of self-control
- b. Failure rate is about 17%
- c. Difficult to apply by males having premature ejaculation
- d. May prevent complete orgasm in the female
- e. Pelvic congestion in both the male and the female

321) Post-vasectomy pain may be due to any of the following except:

- a. Postoperative hematoma
- b. Postoperative epididymal distension
- c. Sperm granuloma
- d. Postoperative hydrocele
- e. Postoperative epididymitis

322) After vasectomy, pregnancy may occur due to any of the following except:

- a. Failure of proper identification of the vas
- b. Recanalization of a sperm granuloma
- c. Inadequate occlusion of vas
- d. Duplication of the vas at one or both sides
- e. Congenital opening of the vas into the bladder

323) Vaso-vasostomy failure may occur due to the following anatomical factors except:

- a. Sperm granuloma
- b. Obstruction of the vas or epididymis
- c. Testicular torsion
- d. Previous vasectomy was done in convoluted portion of vas
- e. Removal of a large segment of the vas

324) Infertility may persist after vaso-vasostomy due to the following functional factors except:

- a. Degenerative epididymal or testicular changes
- b. Poor pre-vasectomy semen quality
- c. Antisperm antibody
- d. Injury of vasal vessels
- e. Injury of sympathetic nerve supply

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ANDROLOGY PRETEST

325) The following are potential contraceptive agent(s) acting via non-hormonal suppression of spermatogenesis:

- a. 5 Thio-D-glucose
- b. Gossypol
- c. Tripterygium hypoglaucum hutch
- d. All the above
- e. Non of the above

326) The following are potential contraceptive agent(s) that act by interfering with epididymal sperm maturation:

- a. α -Chlorohydrin
- b. Tripterygium wilfordii
- c. Antianerogens
- d. All the above
- e. Non of the above

SEXOLOGY

327) The following is true regarding "gender identity" except:

- a. It is the person's own sense of identification as male or female
- b. It is well established and fixed in early childhood
- c. After the age of puberty it becomes static
- d. It is culturally determined
- e. Gender identity is in the cerebrum

328) Factors affecting gender development include:

- a. Psychological factors
- b. Prenatal hormonal factors
- c. Prenatal social aspects
- d. Postnatal social aspects
- e. Postpubertal hormonal factors

329) During foetal sexual differentiation, brain areas that get larger by intrauterine testosterone exposure include the following except:

- a. Corpus callosum and amygdala
- b. Arcuate nucleus
- c. Hypothalamic "sexually dimorphic nucleus of preoptic area"
- d. Interstitial nucleus of anterior hypothalamus
- e. Bed nucleus of stria terminalis

330) The relation between the terms Intersex, transgender and transsexual is:

- a. The terms intersex, transgender and transsexual are synonym
- b. The terms intersex, transgender and transsexual are unrelated
- c. The term "transgender" include transsexual and intersex individuals
- d. The term "transsexual" include transgender and intersex individuals
- e. The term "intersex" include transgender and transsexual individuals

331) In boys, the first sign for the initiation of normal puberty is:

- a. Appearance of scanty hair over the lip
- b. Appearance of axillary hair
- c. Enlargement of penile size
- d. Enlargement of testicular size
- e. Voice changes

332) Factors affecting age of onset of puberty include the following except:

- a. Genetic and racial factors
- b. Nutritional factors and obesity
- c. Socioeconomic factors
- d. Environmental factors
- e. History of chemotherapy or radiotherapy during childhood

- 333) The first hormonal change indicating initiation of puberty in boys is:
- a. Nocturnal pulsatile increase in serum GnRH during sleep
 - b. Nocturnal pulsatile increase in serum FSH during sleep
 - (c) c. Nocturnal pulsatile increase in serum LH during sleep
 - d. Diurnal pulsatile increase in serum FSH
 - e. Diurnal pulsatile increase in serum LH
- 334) The following are true about "adrenal androgens" except:
- a. Adrenal androgens in males are DHEA, DHEAS and androstenedione but in females, the only adrenal androgen is androstenedione
 - (d) b. Androstenedione exerts more androgenic activity than DHEA and DHEAS
 - c. Measurement of DHEA and DHEAS is more useful as marker for adrenal androgen secretion than androstenedione
 - d. Sex steroid secretion by adrenal cortex is mainly controlled by pituitary adrenal-androgen stimulatory hormone
 - e. Adrenal androgens are responsible for pubic and axillary hair growth
- 335) Vaginal transudation is due to:
- a. Bartholin gland secretion
 - b. Cervical mucous secretion
 - c. Vaginal secretion
 - (d) d. Vaginal transudation
 - e. Skene gland secretion
- 336) The female sexual desire can be affected by:
- a. Traumatic early sexual experience
 - b. Hormonal imbalance
 - (e) c. Pregnancy
 - d. Menopause
 - e. Female circumcision
- 337) In the excitement phase of male sexual response the following changes occur except:
- a. Penile erection
 - b. Tightening and up lifting of scrotum
 - (d) c. Elevation of the testes up
 - d. Bladder neck closure
- 338) In the excitement phase of male sexual response the following extragenital changes occur except:
- a. Tachycardia 120-175/min
 - b. Rising BP (20-80 mmHg systolic and 10-40 mmHg diastolic)
 - (d) c. Increased respiratory rate and depth
 - d. Relaxation of facial, abdominal and intercostal muscles
 - e. Sexual flush
- 339) In the plateau phase of male sexual response, genital changes include the following except:
- a. Penis increases in size and attains full rigidity
 - (c) b. Increase in testicular volume due to congestion
 - c. Involuntary contractions in epididymis, vas, seminal vesicles, prostate and pelvic floor muscles
 - d. secretion of prosemen
- 340) The following neural mechanisms are involved in penile erection except:
- a. Tactile genital stimuli pass along the dorsal nerve of penis
 - (f) b. Spinal erection center are located in S₂₋₄
 - c. Extra-hypothalamic areas receive erotic stimuli and send them to the medial preoptic area, paraventricular nucleus and anterior hypothalamic region
 - d. Efferent pathways from the hypothalamus project into the midbrain tegmental region.
 - e. The input from hypothalamic and limbic pathways is conveyed through the dorsal spinal columns to thoracolumbar and sacral autonomic nuclei
 - f. Spinal sacral erection center sends impulses through sympathetic fibers of the cavernous nerves that regulate penile blood flow

- 341) The term "emission" stands for:
a. Expression of Cowper and Littre gland secretions into the penile urethra
b. Expression of Cowper and Littre gland secretions into the prostatic urethra
c. Expression of semen into the ampulla of the vas
d. Expression of semen into the prostatic urethra
e. Expulsion of semen is from the urethra to the outside
- 342) Reflexogenic erection is controlled by:
a. Local axon reflex
b. Sympathetic outflow T₁₀ - L₂ only
c. Parasympathetic outflow S_{2,3,4} only
d. Somatic and parasympathetic outflow
e. Somatic, sympathetic and parasympathetic outflow
- 343) Venous outflow obstruction during erection is mediated via the following except:
a. The distended sinusoids compress the venules between the expanding cavernous spaces
b. The distended sinusoids compress emissary and sub-tunical veins under the tunica albuginea
c. Ischiocavernosus muscle contraction compress veins at the base of corpora cavernosa
d. Release of NO at the venular walls during sexual arousal
- 344) Micropenis may be associated with any of the following defects except:
a. Hypothalamic disorders
b. Pituitary disorders
c. Testicular disorders
d. Complete AR deficiency
e. 5 α -reductase deficiency
- 345) Congenital penile curvature may present by:
a. Difficulty in vaginal intromission
b. Sex avoidance behaviour
c. Severe penile deformity
d. Penile plaque or mass
e. Erectile dysfunction
- 346) Precocious puberty in boys is the appearance of any sign of sexual maturation at or before the age of:
a. 8 years
b. 9 years
c. 10 years
d. 11 years
e. 12 years
- 347) LHRH-independent, extra-pituitary gonadotropin secretion in young boys results in:
a. Complete isosexual precocious puberty
b. Incomplete isosexual precocious puberty
c. Controsexual precocious puberty
d. Premature thelarche
e. Premature adrenarche
- 348) The etiology of true precocious puberty includes the following CNS disorders except:
a. CNS tumours
b. Encephalitis and brain abscess, T.B and granulomas
c. Albright syndrome
d. Von-Recklinghausen disease
e. Pasqualini syndrome
- 349) Familial testotoxicosis is characterized by the following except:
a. Sex linked autosomal disorder affecting males only
b. Bilateral testicular enlargement with histologic features of Leydig cell and germ cell maturation
c. FSH and LH are of prepubertal pattern
d. Testosterone is of pubertal level
e. Exaggerated LH response to LHRH

350) Testis enlargement in boys with precocious puberty occur in the following except:

- a. True precocious puberty
- ☒ b. Congenital adrenal hyperplasia
- c. Extra gonadal HCG-secreting tumour
- d. Leydig cell tumour

351) The most commonly used treatment in boys with precocious puberty is:

- ☒ a. Medroxy-progesterone acetate
- b. Cyproterone acetate
- ☒ c. Danazol
- d. LHRH agonists
- e. LHRH antagonists

352) Puberty for boys is considered delayed if no sign of puberty appear at the age of:

- ☒ a. 13 years
- ☒ b. 14 years
- ☒ c. 15 years
- d. 16 years

353) In constitutional delayed puberty the following is true except:

- a. It occurs without evidence of organic pathology
- b. A family history is often present
- ☒ c. It is due to delay in reactivation of LHRH pulse generation
- ☒ d. Adrenarche is not affected and occur at normal average age
- e. Patient is usually short with retarded bone growth

354) Management of teenage boys with delayed puberty due to hypogonadotropic hypogonadism is best initiated by:

- a. Oral androgen therapy
- ☒ b. Parenteral androgen therapy
- ☒ c. Growth hormone therapy
- d. Gonadotropin therapy
- e. Episodic LHRH therapy

355) Refeeding gynecomastia is a term is used to describe:

- a. Gynecomastia associated with nutritional obesity
- b. Gynecomastia occurring during lactation of infants
- ☒ c. Gynecomastia occurring due to non-homonal factor
- ☒ d. Gynecomastia after recovery from malnutrition or deranged metabolism
- e. Gynecomastia occurring during normal puberty

356) Common features of paraphilia include the following except:

- a. Persistent repetitive sexual fantasy of unusual nature
- b. The focus of a paraphilia is usually very specific and unchanging
- ☒ c. The sexual arousal and orgasm are obligatory fantasy-dependent
- ☒ d. The fantasies are ego-dystonic
- e. The sex object can be non-human and sexual activity can be humiliating

357) Causes of paraphilia may be explained by the following except:

- a. Mother-child relation conflict
- ☒ b. Performance anxiety
- c. Castration anxiety
- d. Childhood sexual abuse
- e. A process of mal-conditioning

358) Fetishism is a type of paraphilia which entails:

- ☒ a. The cross dressing in the opposite sex clothes to produce sexual arousal
- b. The compulsive exposure of genitals to strangers for sexual arousal and gratification
- ☒ c. The use of non-living objects as the preferred way to produce sexual arousal
- d. Achieving sexual arousal by observing an unsuspecting and non-consenting unclothed person
- e. Sexual arousal resulting from rubbing the genitals against the body of a non-consenting, unfamiliar, fully clothed person in crowded situations

Treatment options of paraphillias include the following except:

- 359) a. Aversion therapy
 b. Psychotherapy and hypnosis
 c. Sensate focus exercises
 d. Antidepressants (SSRIs) and major tranquilizers
 e. Antiandrogens

Developmental factors that may impair erectile function include the following except:

- 360) e. Gender identity conflict
 a. Punishment due to infantile masturbation
 b. Conflicted parent-child relationship
 c. Oedipal complex
 d. Widower syndrome

The following types of phobia may lead to erectile dysfunction except:

- 361) d. Pregnophobia
 a. Venerophobia
 b. Feminophobia
 c. Claustrophobia
 e. Fear of failure

The following are interpersonal factors that cause erectile dysfunction except:

- 362) a. Sex ignorance of both partners
 b. Divergent sexual preferences
 c. Dislike female figure
 d. Marital relationship conflicts
 e. Poor communication

The following are risk factors for the development of erectile dysfunction except:

- 363) d. Aging and sedentary lifestyle
 a. Heavy tobacco smoking and addiction of alcohol, or marijuana
 b. Vascular diseases, diabetes and high-density lipoprotein cholesterol level
 c. Longterm use of sexual stimulants eg, PDE-5 inhibitors
 e. Some traumatic conditions eg, trauma to spinal cord, prolonged bicycle riding

Disorders of peripheral arterial blood flow are strongly associated with ED in the following conditions except:

- 364) d. Leriche syndrome
 a. Pelvic steal syndrome
 b. Pudendal artery syndrome
 c. Priapism
 e. Long-distance bicycle riders

Leriche syndrome is due to vascular pathology at:

- 365) b. Descending thoracic aorta
 a. Aortic bifurcation
 c. Common iliac arteries
 d. Internal iliac arteries
 e. Internal pudendal arteries

Failure of corporal veno-occlusive mechanism may be due to the following except:

- 366) c. Abnormal congenital venous communication
 a. Neuro transmitter defect
 b. Varicocele
 d. Post-priapism fibrosis
 e. Peyronie's disease

The most common endocrinal disease to cause ED is:

- 367) d. Hypogonadism
 a. Hyperprolactinemia
 b. Myxedema
 c. Diabetes mellitus
 e. Hyperthyroidism

368) Which of the following drugs is not a cause of erectile dysfunction:

- a. Antihypertensives
- b. Psychoactive drugs
- c. Cytotoxic drugs
- d. Antiulcer agents
- e. 5- α reductase inhibitors

369) The International Index of Erectile Function (IIEF) is characterized by the following except:

- a. It is a sensitive, specific and standardized tool validated in several languages
- b. The 15-questions evaluate 5 domains (erectile and orgasmic function, sexual desire, intercourse satisfaction and global satisfaction)
- c. A score of 25 is typical for a healthy man
- d. It helps to differentiate psychogenic from organic ED
- e. It is used to evaluate treatment of ED

370) All ED patients must be subjected to the following laboratory investigations:

- a. Fasting and post-prandial blood sugar
- b. Serum testosterone level
- c. Serum prolactin level
- d. All the above
- e. Non of the above

371) Nocturnal penile tumescence and rigidity (NPTR) monitoring can be done using:

- a. Stamp method
- b. Snap gauge band
- c. Rigiscan
- d. All the above
- e. Non of the above

372) Normal NPTR parameters in potent males or in males with psychogenic ED include the following except:

- a. 4-5 erectile episodes per night
- b. Mean duration >10-15 minutes
- c. Increase in circumference of >3 cm at base
- d. Increase in circumference of >3 cm at the tip
- e. >70% maximal rigidity at both base and tip

373) Abnormal in Rigiscan findings in male with organic ED include the following except:

- a. Decreased number of erectile episodes
- b. Shortening of erectile episodes
- c. Low amplitude of rigidity
- d. Dissociation of the rigidity between the tip and base of the penis
- e. Uncoupling between the rigidity and the tumescence

374) False positive and negative results in NPTR monitoring may occur in the following conditions:

- a. Anxiety and depression
- b. Sleep apnea
- c. Pelvic steal syndrome
- d. All the above
- e. Non of the above

375) In the diagnosis of ED, calculation of Penile Brachial Index is characterized by the following except:

- a. Values of 0.6 or lower are indicative of vasculogenic ED
- b. PBI can be measured only in the flaccid state.
- c. Accurate measurement of BP in cavernosal arteries is impossible
- d. PBI is difficult to assess in patients with a small sized penis
- e. There is a relationship between value of PBI and arterial aetiology of ED

ANDROLOGY PRETEST

376) The screening test for "vasculogenic ED" is:

- a. Doppler ultrasonography
- b. Intracavernous Injection (ICI) Test
- c. Dynamic Colour-Duplex Doppler Ultrasonography (D-CDDU)
- d. Selective internal pudendal arteriography (SIPA)
- e. Dynamic Infusion Cavernosometry / Cavernosography (DICC)

377) In the ICI test, the degree of erection is estimated on a scale of:

- a. E0-E4
- b. E0-E5
- c. E1-E4
- d. E1-E5
- e. E1-E6

378) The value of a positive ICI test with full rigid erection lasting ≥ 30 min is:

- a. Diagnostic of psychogenic ED
- b. Diagnostic of neurogenic ED
- c. Differentiation of organic from psychogenic ED
- d. Diagnostic of normal arterial function
- e. Exclusion of major vascular disorders

379) A patient with negative ICI test (non-responder) may have one of the following problems except:

- a. Anxiety
- b. Advanced neuropathy
- c. Venous leak
- d. Cavernosal dysfunction
- e. Arterial problem

380) The diagnostic value of penile Dynamic Colour-Duplex Doppler Ultrasonography includes the following except:

- a. Diagnosis of arteriogenic and venogenic ED
- b. Diagnosis of Peyronie's disease
- c. Diagnosis of priapism
- d. Diagnosis of penile fractures
- e. Diagnosis of congenital penile curvature

381) Changes of artery diameter during penile duplex ultrasonography is characterized by the following except:

- a. Normal cavernosal artery diameter measures 0.3-0.7 mm
- b. Cavernosal artery dilates to around 1 mm after ICI
- c. The greatest increase in arterial diameter after ICI occurs in the rigid phase of erection
- d. A 75% increase in artery diameter indicates normal cavernosal arterial flow
- e. Dilatation $\leq 75\%$ indicates arterial disease

382) During penile duplex ultrasonography, the peak systolic velocity (PSV) that indicates normal arterial function is

- a. PSV >20 cm/sec
- b. PSV >30 cm/sec
- c. PSV >40 cm/sec
- d. PSV >50 cm/sec
- e. PSV >50 cm/sec

383) During penile duplex ultrasonography, a normal end diastolic velocity (EDV) during the diastolic phase 15-20 min after ICI is:

- a. <5 cm/sec
- b. <10 cm/sec
- c. <15 cm/sec
- d. <25 cm/sec
- e. <30 cm/sec

- 384) During penile duplex ultrasonography, "Resistance index" (RI) is calculated from the equation:
- $RI = (PSV + EDV) / PSV$
 - $RI = (PSV + EDV) \times PSV$
 - $RI = (PSV - EDV) \times PSV$
 - $RI = (PSV - EDV) / PSV$
 - $RI = (PSV / EDV) + PSV$
- 385) During penile duplex ultrasonography, the "Resistance Index" (RI) has a value in:
- Diagnosis of arteriogenic ED
 - Diagnosis of venous leakage
 - Diagnosis of the cause of arteriogenic ED
 - Diagnosis of the cause venous leakage
 - Diagnosis of anxiety-related non-response to ICI
- 386) The following findings are suggestive of venous leak except:
- Persistent EDV of cavernosal artery > 5 cm/sec
 - Lack of response to ICI
 - Demonstration of flow in the deep dorsal vein
 - Resistance index (RI) < 0.85
 - Penile blood flow index ≤ 55
- 387) In the diagnosis of ED, the following are facts about selective internal pudendal arteriography (SIPA) except:
- It is an invasive procedure
 - It is an anatomical rather than functional study
 - It is indicated to confirm the diagnosis, nature and degree of arterial obstruction
 - It is indicated before arterial reconstructive surgery
 - It may be done with or without ICI of vasoactive drugs
- 388) Normal values in Dynamic Infusion Cavernosometry include the following except:
- The total amount of fluid injected < 150 ml
 - Induction rate is < 40 ml/min
 - Maintenance rate is < 5 ml/min
 - Rate of drop in ICP after stopping infusion is < 40 mmHg in the 1st half minute
- 389) The single most important parameter in diagnosing venous leak by Dynamic Infusion Cavernosometry is
- The total amount of fluid
 - Induction rate
 - Maintenance rate
 - Rate of drop in ICP after stopping infusion
- 390) The principles of sex therapy are the following except:
- Sex education
 - Mutual responsibility about any sexual disorders
 - Establishment of proper physical and psychological stimulation
 - Modification of the patient's personality disorder
 - Elimination of marital relationship difficulties
- 391) The aim of sex therapy in the treatment of psychogenic ED is to:
- Resolve deep psychological conflicts
 - Eliminate performance anxiety
 - Train the partner sexual skills
 - Prevent ED-associated psychological impact
 - Teach the couple how to live with their problem
- 392) Medical treatment of ED utilizes drugs belonging to the following categories except:
- PDE inhibitors
 - Dopamine receptor antagonists
 - Serotonergic receptor activators
 - Adrenergic receptor agonists
 - Androgens

Phosphodiesterase isoforms identified in penile tissue include the following except:

- 393) **Phosphodiesterase isoforms identified in penile tissue include the following except:**
- a. Type 1
 - b. Type 2
 - c. Type 3
 - d. Type 4
 - e. Type 5

(a)

394) **The most important phosphodiesterase isoform identified in penile tissue is:**

- a. Type 1
- b. Type 2
- c. Type 3
- d. Type 4
- e. Type 5

(e)

395) **The mechanism by which PDE-5 inhibitors induce penile erection is mediated via:**

- a. Elevation of intracellular concentrations of cAMP
- b. Elevation of intracellular concentrations of cGMP
- c. Reduction of intracellular concentrations of cAMP
- d. Reduction of intracellular concentrations of cGMP
- e. Non of the above

(b)

396) **The least to improve on Sildenafil treatment is:**

- a. Psychogenic ED patients
- b. Diabetic patients
- c. Venous leak patients
- d. Hypertensive patients
- e. Radical prostatectomy patients

(c)

397) **The following instructions are given to Sildenafil users except:**

- a. Start by trying 25 mg to be increased gradually 50 mg then 100 mg tablets to avoid side effects
- b. Take the tablet orally 30-60 min prior to intercourse
- c. Take the tablet on empty stomach
- d. Sexual stimulation is necessary to activate response
- e. Nitrite therapy is an absolute contraindication with Sildenafil

(a)

Mild - 2
Mod. -

398) **Sildenafil may be used as a combination therapy with the following therapies except:**

- a. Yohimbine
- b. Tadalafil
- c. Apomorphine
- d. MUSE
- e. Intracavernous injections

(c)

399) **Common side effects of Sildenafil include the following except:**

- a. Headache
- b. Flushing and nasal congestion
- c. Stomach upset
- d. A blue haze at the periphery of vision
- e. Renal impairment in susceptible patients

(e)

400) **Tadalafil differ from other PDE-5 inhibitors in the following except:**

- a. Tadalafil is chemically unrelated to Sildenafil and Vardenafil
- b. Tadalafil has the longest half-life among PDE-5 inhibitors
- c. Tadalafil requires a longer waiting period before it works
- d. Tadalafil may be taken without regard to food
- e. Sexual stimulation is unnecessary to initiate erection

(e)

401) **The following is true about the erectogenic effect of apomorphine except:**

- a. It acts as a central dopamine D2-receptors agonist in the hypothalamus
- b. Its administration by subcutaneous, oral or intranasal routes results in erection but with moderate-to-severe adverse effects
- c. A slow-release sublingual form enhances erection with lower adverse effects rate
- d. Firm erections were reported with 0.2-0.6 mg dose
- e. Adverse events include nausea, vomiting, sweating, dizziness and asthenia

(a)

(d)

402) Complications of intracavernous injection therapy include the following except:

- a. Prolonged erection
- b. Priapism
- (d) c. Penile pain
- d. Retarded ejaculation
- e. Corporal fibrosis

403) Papaverine intracavernous injection therapy is contraindicated or must be used with caution in patients with the following disorders except:

- a. Complete AV heart block
- b. Angina and recent myocardial infarction
- (e) c. Recent stroke
- d. Glaucoma
- e. Chronic renal failure

404) The drug that is not used as a single agent for intracavernous injection is:

- a. Papaverine
- (b) b. Phentolamine
- c. PGE₁

405) Complications reported with the use of vacuum suction devices include the following except:

- a. Hematoma, petechia, and ecchymosis
- b. Numbness
- (d) c. Absent or painful ejaculation
- d. Priapism
- e. Pulling of scrotum into the cylinder

406) Penile prosthesis may be indicated for the following except

- a. Diabetic erectile dysfunction
- b. Post-priapism erectile dysfunction
- (d) c. Peyronie's disease
- d. Hyperprolactinemia
- e. Spinal cord injury

407) Semirigid prosthesis have the following major drawbacks except:

- a. Constant erection at all times that may be difficult to conceal
- (b) b. Most likely implant to have mechanical failure
- c. Does not increase width of penis
- d. Risk of infection, pain and erosion
- e. Permanently alters erection bodies

408) The main advantages of Semirigid prosthesis include the following except:

- a. Simple surgery
- b. Relatively few complications
- (e) c. No moving parts
- d. Least expensive implant
- e. Success rate is 100%

409) Removal of penile prosthesis is necessary for the following complications except:

- a. Infection
- (d) b. Mechanical failure
- c. Intractable pain
- d. All the above
- e. a and b only

410) The following are Andrological emergencies except: (more than one answer may be correct)

- a. Ischemic priapism
- (b, d, e) b. Non-ischemic priapism
- c. Torsion of the testis
- d. Torsion of the appendix testis
- e. Torsion of the appendix epididymis

- 411) Priapism is a state of prolonged and usually painful erection that is:
- a. Associated with sexual thoughts or desire and subsides after ejaculation
 - b. Not associated with sexual thoughts or desire and subsides after ejaculation
 - c. Associated with sexual thoughts or desire and does not subside after ejaculation
 - d. Not associated with sexual thoughts or desire and does not subside after ejaculation
- 412) In priapism, acidosis and early signs of ischemia occurs after:
- a. 2 hours
 - b. 2-4 hours
 - c. 4-6 hours
 - d. 6-12 hours
 - e. After 12 hours
- 413) High flow or non-ischemic priapism is characterized by the following except
- a. It is common than low flow or ischemic type
 - b. This usually follows trauma to the perineum or genitalia
 - c. The veno-occlusive mechanism is usually intact
 - d. Tissue anoxia and ischemia are absent
 - e. There is more pain with high chance of future ED
- 414) Common causes of priapism in children include the following except:
- a. Sickle-cell disease
 - b. Leukaemia
 - c. Pelvic tumours
 - d. Trauma to the penis
 - e. Trauma to the perineum
- 415) Intracorporal blood gas analysis in priapism: (more than one answer may be true)
- a. Should be aspirated from the corpus spongiosum
 - b. Should be performed in an heparinized syringe
 - c. Shows pO₂ of 30 mm Hg in low flow priapism
 - d. Shows a pH of 7.25 in low flow priapism
 - e. Shows a pCO₂ of 60 mm Hg in high flow priapism
- 416) The following imaging techniques might help in the diagnosis of priapism except:
- a. Colour duplex ultrasonography
 - b. Penile arteriography
 - c. Penile scintigraphy
 - d. Cavernosography
 - e. Venography
- 417) The following drugs can be used for management of priapism by the ICI route except:
- a. Terbutaline
 - b. Epinephrine
 - c. Phenylephrine
 - d. Norepinephrine
 - e. Methylene blue
- 418) Which of the following can be used for management of priapism by the oral route:
- a. Ketamine
 - b. Terbutaline
 - c. Dopamine
 - d. Phenylephrine
 - e. Methylene blue
- 419) Non-shunt surgical procedures that may be used for management of priapism include the following except:
- a. Penile prosthesis surgery
 - b. Proximal ligation of the internal pudendal artery
 - c. Division of the pudendal nerves and ischiocavernosus muscle
 - d. Ligation of the deep dorsal vein of the penis
 - e. Incision, irrigation and drainage of corporeal sinuses

- 420) In management of priapism, the following are distal caverno-glanular shunt procedures except:
- a. Winter shunt
 - (c) b. Ebbehøj shunt
 - c. Cavernosal dorsal vein shunt
 - d. El-Ghorab shunt
- 421) In management of priapism, the following are proximal caverno-glanular shunt procedures except:
- a. El-Ghorab shunt
 - b. Quackels or Sacher shunt
 - (c) c. Grayhack shunt
 - d. Cavernosal dorsal vein shunt
- 422) Psychoanalytical theories of premature ejaculation include the following except:
- a. Conditioned reflex
 - b. Fixation at the phallic stage of psychosexual development
 - c. Sadistic attitude towards females
 - (c) d. Subconscious hatred towards females
 - e. Unresolved marital problems
- 423) Treatment of rapid ejaculation include all of the following except:
- a. Antidepressant
 - b. Behavioral therapy utilizing special techniques
 - c. Androgen therapy
 - (c) d. Topical application of local anesthetic
 - e. Intradermal injection of hyaluronic acid gel
- 424) Topical desensitizing drugs used to reduce penile hypersensitivity in patients with premature ejaculation include the following except:
- a. Lidocaine-prilocaine cream
 - b. Lidocaine-prilocaine spray
 - (d) c. Dyclonine-alprostadil cream
 - d. SSRI cream
 - e. Injection of hyaluronic acid gel intradermal in the glans penis
- 425) Retarded ejaculation may be more related to the following disorders except:
- a. Hysterical personality
 - b. Repressed hostility to the partner
 - (c) c. Oedipal fears of retaliation
 - d. Religious guilt feelings
- 426) The following lines of therapy might help males with retarded ejaculation except:
- a. Sex therapy
 - b. Electro-vibratory stimulation
 - (d) c. Dopaminergic agents
 - d. SSRIs
 - e. Intranasal oxytocin
- 427) Painful Erection may be related to the following disorders except:
- a. Peyronie's disease
 - (c) b. Paraphimosis
 - c. Circinate balanitis
 - d. Balanitis xerotica obliterans
 - e. Short frenulum
- 428) Etiological theories of Peyronie's disease include the following except:
- (d) a. Penile trauma
 - b. Autoimmune disorder
 - c. Inherited collagen abnormality
 - d. Virus-induced
 - e. Drug-induced

Risk factors for the development of Peyronie's disease include the following:

- 429) Risk factors for the development of Peyronie's disease include the following:
- a. Aging
 - b. Past history of priapism
 - c. Presence of Dupuytren's contracture
 - d. Diabetes mellitus
 - e. Gout

430) Peyronie's disease is primarily a disorder of:

- a. Penile skin
- b. Colle's fascia
- c. Buck's fascia
- d. Tunica albuginea
- e. Cavernous tissue

431) Prior to surgery for Peyronie's disease, it is recommended to determine:

- a. Degree and nature of deformity
- b. Erectile capacity
- c. Patient expectations
- d. Penile vascular status
- e. All of the above

432) The following symptoms correlate to Peyronie's disease except:

- a. Hard mass in the penis
- b. Painful erection
- c. Penile curvature during erection
- d. Erectile dysfunction
- e. Obstructive urinary symptoms

433) The cause for the ED of Peyronie's disease is:

- a. Venous leakage
- b. "Hourglass areas" make the erect penis easier to bend
- c. Psychogenic
- d. All the above
- e. Non of the above

434) Peyronie's disease may be clinically confused with:

- a. Fracture penis
- b. Priapism
- c. Congenital penile curvature
- d. All the above
- e. Non of the above

435) The following are possible lines of therapy for Peyronie's disease except:

- a. Topical therapy
- b. Intralesional therapy
- c. Radiation therapy
- d. Vacuum erection device
- e. Surgical Treatment

436) Penile bending in Peyronie's disease responds best to medical therapy in:

- a. The first 6 months of the disease
- b. The late fibrotic but non calcified plaques
- c. Plaques on the ventral aspect
- d. Plaques on the dorsal aspect
- e. Plaques on the lateral aspect

437) Medications that may be used to treat Peyronie's disease include the following except:

- a. Vitamin E
- b. Colchicine
- c. Potaba
- d. Dapsone
- e. Superoxide dismutase formulations

438) The following are possible surgical options in management of Peyronie's disease:

- a. Nesbit procedure
- b. Plaque excision or incision and tissue grafting
- c. Penile Implant
- d. b and c only
- e. All the above

439) The most common female sexual desire disorder is:

- a. Sexual aversion disorder
- b. Sexual anesthesia
- c. Anhidonia
- d. Hypoactive sexual desire disorder
- e. Sexual arousal disorder

440) In females, the persistent or recurrent deficiency or absence of sexual fantasies and desire for sexual activity is referred to as:

- a. Sexual aversion disorder
- b. Sexual anesthesia
- c. Anhidonia
- d. Hypoactive sexual desire disorder
- e. Sexual arousal disorder

441) Loss of libido occurring in some women after childbirth is due to the following except:

- a. Trauma of childbirth
- b. The women may be too exhausted to think about sex
- c. Anovulation
- d. Hyperprolactinemia
- e. Abnormal LH production may cause lack of desire

442) Organic causes of female hypoactive sexual desire include the following except:

- a. Contraceptive pills
- b. Diabetes
- c. Menopause
- d. Anaemia
- e. Female genital mutilation (circumcision)

443) The most common cause of sexual aversion in females is:

- a. Sexual violence during childhood
- b. Fear of pregnancy
- c. Depression
- d. Stress, alcohol and drug use
- e. Relationship problems

444) The following are symptoms of sexual aversion except:

- a. The need for intimacy before starting sexual contact
- b. Intense antipathy to various forms of sexual contact
- c. Specific aversion to erect penis or semen
- d. The wish to end every sexual contact as quickly as possible
- e. Hypoactive sexual desire and anorgasmia

445) Hypersexuality is a pattern of sexual behaviors that is marked by:

- a. Obsessive thoughts
- b. Compulsive behaviors
- c. Inability to stop the behaviors despite negative consequences
- d. b and c only
- e. a, b and c

446) Hypersexuality may be related to the following physical conditions except:

- a. Kluver-Bucy syndrome
- b. Bipolar disorders and mania
- c. Brain injuries
- d. Addiction
- e. Polycythemia

447) The treatment for "Female Orgasmic Dysfunction" may employ the following except:

- a. Behavioral therapy
- b. Contraceptive pills
- c. Estrogen creams
- d. Testosterone cream
- e. Bupropion

448) Dyspareunia is persistent or recurrent genital pain experienced:

- a. Just before sexual intercourse
- b. During sexual intercourse
- c. After sexual intercourse
- d. All the above
- e. a and b only

449) Superficial/Entry dyspareunia may be caused by the following disorders except:

- a. Vaginismus
- b. Bartholin abscess or cyst
- c. Endometriosis
- d. Urethritis
- e. Infections eg, HPV, HSV

450) Deep Dyspareunia may be caused by the following disorders except:

- a. Pelvic adhesions
- b. Adnexal pathology
- c. Chronic cervicitis
- d. Inflammatory bowel disease
- e. Vaginismus

451) The main cause of vaginismus is:

- a. Infection at the vulva
- b. Painful lesion
- c. Painful scar
- d. Negative attitudes toward sex and traumatic early experience
- e. Latent homosexuality

SEXUALLY TRANSMITTED DISEASES

452) From the primary site of inoculation, the following STDs may spread systemically except:

- a. Gonorrhea
- b. Syphilis
- c. Lymphogranuloma venereum
- d. Granuloma inguinale
- e. Herpes progenitalis

453) The following STDs may have malignant presentations or sequelae except:

- a. Syphilis
- b. Chancroid
- c. Lymphogranuloma venereum
- d. Condyloma accuminata
- e. AIDS

454) The following genital lesions are painful except:

- a. Herpes progenitalis ulcers
- b. Chancroid ulcers
- c. Behcet ulcers
- d. Infected chancre
- e. Malignant ulcers

455) Haemospermia may be caused by the following except:

- a. Blood coagulation defect
- b. Hypertension
- c. Prostatic calculi
- d. Seminal vesiculitis
- e. Testicular cancer